

DEC 09 2005

PTO/SB/17 (12-04)

ITW \$

Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 3091).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 180)**Complete if Known**

Application Number	10/045,290
Filing Date	October 18, 2001
First Named Inventor	Lewis, Stephen J.
Examiner Name	Shick C. Horn
Art Unit	2666
Attorney Docket No.	010327-003600US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Stmt

180

SUBMITTED BY

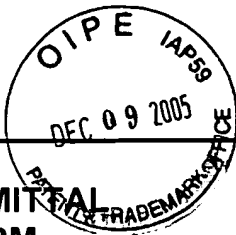
Signature

Registration No. 48,602
(Attorney/Agent)

Telephone 415-576-0200

Name (Print/Type) Brian N. Young

Date December (12), 2005



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/045,290

Filing Date

October 18, 2001

First Named Inventor

Lewis, Stephen J.

Art Unit

2666

Examiner Name

Shick C. Hom

Attorney Docket Number

010327-003600US

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Return Postcard; no references

Certified Copy of Priority
Document(s)Reply to Missing Parts/ Incomplete
ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Brian N. Young

Date

December (16), 2005

Reg. No.

48,602

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Mark T. Davis

Date

December (7), 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

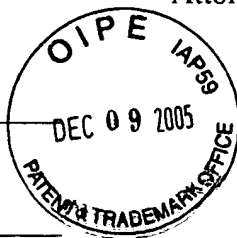
PATENT
Attorney Docket No.: 010327-003600US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On December 7, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: M T Davis
Mark T. Davis



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Stephen Lewis, et al.

Application No.: 10/045,290

Filed: October 18, 2001

For: METHOD AND APPARATUS FOR
INSERTING EMPTY MEMORY CELLS
INTO A DATA FLOW OF NETWORK
CONNECTIONS OF A COMPUTER
NETWORK

Examiner: Shick C. Hom

Art Unit: 2666

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are not enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

12/12/2005 MAHMED1 00000047 201430 10045290

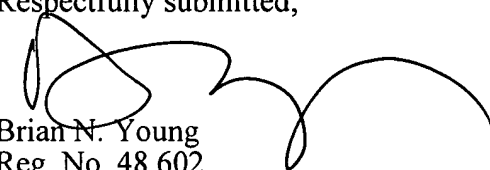
01 FC:1806 180.00 DA

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

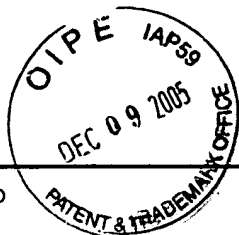
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Brian N. Young
Reg. No. 48,602

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
BNY:mtd



PTO/SB/08A (08-03)

Substitute for form 1449A&B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	10/045,290		
		Filing Date	October 18, 2001		
		First Named Inventor	Lewis, Stephen J.		
		Art Unit	2666		
		Examiner Name	Shick C. Horn		
Sheet	1	of	1	Attorney Docket Number	010327-003600US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US 5,602,841	02-1997	Lebizay et al.	
	AB	US 6,084,869	07-2000	Fishman et al.	
	AC	US 2002/0176424	11-2002	Knight et al.	
	AD	US 2002/0176430	11-2002	Sangha et al.	
	AE	US 6,532,234	03-2003	Yoshikawa et al.	
	AF	US 6,785,236	08-2004	Lo et al.	
	AG	US 2005/0175014	08-2005	Patrick	
	AH	US 10/035,791		Cole et al.	
	AI	US 10/045,187		Lowpensky	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.